



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
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11/18/2003

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Luz C. Lopez	(Depositor's name)
<i>Luz C. Lopez</i>	(Signature)
2/17/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,305	02/05/2002	Neil Purdie	67056/02-063	9296

TITLE OF INVENTION: DIRECT SERUM LIPIDS ASSAYS FOR EVALUATION OF DISEASE STATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	02/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SNAY, JEFFREY R	1743	436-071000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fellers, Snider,
Blankenship, Bailey
& Tippens, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

- The Board of Regents for Oklahoma State University Stillwater, OK
- University of Cape Town Rondebosch, South Africa

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0540 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

2/17/04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/26/2004 RNEBRAH1 00000158 060540 10068305

01 FC:2501
02 FC:1504
03 FC:8001

665.00 DA
300.00 DA
30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Docket No. 67056/02-063

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Neil PURDIE et al.
Application No.: 10/068,305
Filed: 02/05/2002
Confirmation No.: 9296
For: Direct serum lipids assays for evaluation of disease states
Group No.: 1743
Examiner: Snay, Jeffrey R.

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Copy of Notice of Allowability is attached.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

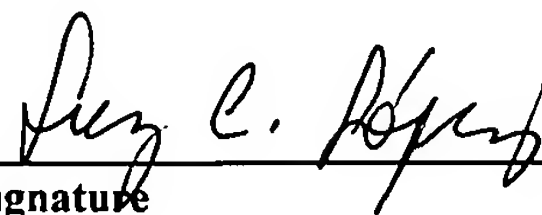
MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: February 17, 2004.


Signature

LUZ C. LOPEZ
(type or print name of person certifying)

3. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:	<u>Regular</u>	<u>Design</u>
<input checked="" type="checkbox"/> small business entity—fee	<input checked="" type="checkbox"/> \$ 665.00	<input type="checkbox"/> \$240.00
<input type="checkbox"/> other than a small entity—fee	<input type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$480.00

4. Payment of fee:

- ☐ Enclosed please find check for \$_____.
- ☒ Charge Account 06-0540 the sum of \$995.00 (\$665.00 for issue fee, \$300 for publication fee, and \$30.00 for 10 copies of patent).
- ☒ A duplicate of this request is attached.
- ☒ Charge Account 06-0540 for any fee deficiency.

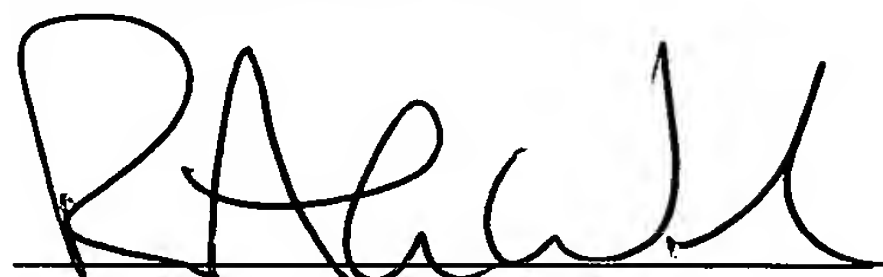
2/17/04
DATE

Reg. No.: 36,050

Tel. No.: (918) 599-0621

Customer No.: 22206

Respectfully submitted,



SIGNATURE OF PRACTITIONER

R. Alan Weeks

(type or print name of practitioner)

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